

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 879902

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
4						
5						
6						
7			2		2	
8			2		2	
9			2		2	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			2		2	
16			2		2	
17			2		2	
18			2		2	
19			2		2	
20			1		1	
21			1		1	
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TOTAL IND.			1		2	
TOTAL DEP.			29		24	
TOTAL CLAIMS			30		26	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						